Division of Health Service R	egulation			FORMAPPROVE
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(KI) PROVIDER/SUPPLIER/CUA	DERUSAIPPLIERICLIA (IC) MULTIPLE CONSTRUCTION		O'M PARE BURNEY
- Contract Contract	IDENTIFICATION NUMBER	A BUILDING		(XX) DATE SURVEY COMPLETED
	HAL011191	B WNG		0400000040
NAME OF PROVIDER OR SUPPLIER	STREET	ADDRESS DITY	STATE, ZIP CODE	04/08/2016
RICHMOND HILL REST HOME		MOND HILL F	SUAD	
	ASHEV	ILLE, NC 2880	08	
(X4) ID SUMMARY STA PREFIX (EACH DEFICIENCY	TEMENT OF DEDICATIONS	10	PROVIDER'S PLAN OF C	ppgceren
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX	(EACH CORRECTIVE ACT) CROSS-REFERENCED TO TO DEFICIENCY	OW SHOULD BE COMPLETE HE APPROPRIATE DATE
C 000 Initial Comments		G 000		
Report of Biennial C	Construction Survey by Denni	5	Please see at	tached.
Harrell on 4-8-2016.			0.50	t
Records Indicate this	s 12 bed facility was first	1	7	<i>Y</i> :
Submitted or (cense	d on 5-5-1989 Based on thi			
information, the facil	lify was surveyed using the	"		
1978 NC State Build	ing Code for Institutional	1 1		
Standards and Recu	ancies, the 1987 Minimum dations for Homes for the			
Aged and Disabled a	and the applicable portions of			
. the current Rules for	Adult Care Homes of Seven			
or More Beds.				
C 166 Housekeeping-Maintained Free of Hazards		C 188		į
SECTION .0300 - PH	HYSICAL PLANT			
10A NGAC 13F .030	B HOUSEKEEPING AND			
FURNISHINGS				
(a) Adult care homes	shall;	1 1		
(5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and				
hazards;				
(e) This Rule shall a				
facilities.				
This Rule is not met	as evidenced by:			i
Based on Observation	n, the building was not			
maintained in a safe i				
could affect all regide	dical oxygen cylinders. This nts, staff and visitors if			
cylinders fall, breaking	their valves propoling the			
Cyfinder and turning it	into a dangerous projectile.			:
ringings include:		,		'
stored in an unexpense	ical oxygen cylinders were			
stored in an unapprov	ed beverage crate.			
C 189 Building Equipment M	aintained Safe, Operating	C 189		
on of Health Service Regulation				
RATORY DIRECTOR'S OR PROVIDER	SUPPLIER REPRESENTATIVE'S SIGN	WTORE!	TATLE 15.	*199H DATIG
r root	Stade-1	Vahou	Almaichata	11 -4 14
E FORM	4	87V		# continuation shout 1 of 2

PRINTED: 04/21/2016

Division of Health Service R	eguiation			FORM APPROVE
ND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CITA IDENTIFICATION NUMBER	A BUILDING 01 B WING BORESS, CITY, STATE, ZIP CODE		03) DATE SURVEY COMPLETED
	HAL011191			
AME OF PROVIDER OR SUPPLIER	STREETA			04/08/2016
ICHMOND HILL REST HOME	# 2 95 RICH ASHEVII	MOND HILL RO	AD COOE	
TAG MEGULATORY OR LE	TEMENT OF DEFICIENCIES MUST BE PRINCEDED BY FULL C DILNTIFYING INFORMATION	PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTR CROSS-REFERENCED TO IN- DEFICIENCY	ON SHOULD BE COMPLETE
C 189 Continued From pag		C 189	- O KILING	,
care home shall be n operating condition. (K) This Rule shall o	1 OTHER I all fire safety, electrical, mbing equipment in an adult naintained in a safe and oply to new and existing	0.100		
when tested. Battery that will not work prop could endanger the re 2. Based on observatifire rated ceiling was openetrations that are rapproved for use in on construction present the begins in one space or areas of the facility. Finding includes: Hole in the ceiling of the 3. Based on observation maintain required exhaunthealthy buildup of mibacteria. Findings include:	flon, the battery powered of med closet would not work powered emergency lights early for at least 90 minutes sidents and staff, ion the required one-hour compromised. Holes and not sealed with materials e-hour fire rated ne possibility that a fire that an quickly apread to other the med closet, on the facility failed to just in a working condition.			
	9			

Date of Survey - April 8, 2016 Richmond Hill Rest Homes #2

10A NCAC 13F .0306

AreoFlow received a call from the administration of RHRH to remove and replace the "crate" with the proper safety crate for oxygen cylinders. The incorrect crate was removed the same day and a metal rack with individual cylinder holders were placed in the linen room. Administrator viewed each home to ensure the proper receptacles were in place.

Completed: April 8, 2016

10A NCAC 13F .0311

- Emergency light was removed from med closet since the closet is not used except to keep resident books. We have med carts that hold the residents medication. The exit hole left behind from the removal was covered using the appropriate sheet rock and fireproof caulking. Completed: April 26, 2016
- The holes in the ceiling of the med closet were sealed with fireproof caulking. Administrator will monitor buildings on a monthly basis to ensure there are no holes.
 Completed: April 8 and ongoing.
- 3. The exhaust fan was replaced in the closet of the laundry room. Exhaust fans will be monitored on a monthly basis to ensure they are working properly. This will be completed by property manager and recorded in the office.
 Completed: April 11, 2016